

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	CareChoice Malahide
Centre ID:	OSV-0005205
Centre address:	Mayne River Street, Northern Cross, Malahide Road, Dublin 17.
Telephone number:	01 877 0844
Email address:	malahide@carechoice.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	CareChoice Malahide Road Ltd
Lead inspector:	Manuela Cristea
Support inspector(s):	Leanne Crowe
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	157
Number of vacancies on the date of inspection:	8

About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

Please note the definition of the following term used in reports:
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was Monitoring Compliance This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
20 August 2019 09:00	20 August 2019 18:00
21 August 2019 08:30	21 August 2019 17:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Substantially Compliant	Substantially Compliant
Outcome 02: Safeguarding and Safety	Compliance demonstrated	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Substantially Compliant	Substantially Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Compliance demonstrated	Substantially Compliant
Outcome 06: Safe and Suitable Premises	Compliance demonstrated	Substantially Compliant
Outcome 08: Governance and Management		Compliant

Summary of findings from this inspection

This inspection report sets out the findings of a two-day dementia thematic inspection, which focused on the care and quality of life for residents with dementia living in the centre.

This was an unannounced inspection, which looked at six outcomes in relation to how the provider met the residents' needs with particular reference to the needs of those residents living with dementia. An additional outcome was also reviewed as there have been a number of changes in the governance structures and management arrangements since the last inspection. Prior to the inspection, the provider had completed a self-assessment questionnaire in relation to the care and services provided to residents living with dementia. The provider had judged the service as substantially complaint in four of the six outcomes and compliant in

relation to the premises and the safeguarding and safety of the residents.

The inspectors also reviewed the compliance actions from the last inspection and found that the provider had addressed the improvements required.

There were 157 residents in the centre and eight vacancies at the time of inspection. Over 65% of these residents had a diagnosis of dementia or presented with some aspects of cognitive impairment. Twenty-five residents presented with a history of responsive behaviours (how a person with dementia may communicate physical, social or psychological discomfort with their environment). A further 26 residents had been assessed at nutritional risk with a MUST (Malnutrition Universal Screening Tool) score of more than 2. Residents' dependency levels varied across the centre, with 99 residents assessed as having high to maximum dependency levels.

As part of the inspection, the inspectors spent a period of time observing staff interactions with the residents, using a validated observational tool QUIS (the quality of interactions schedule) to rate and record at five minutes intervals the quality of communications with residents in a sitting and dining room. While there were some moments of positive connective care, the overall score reflected task-oriented engagement and neutral communication.

The premises were clean and the design of the centre was safe, however inspectors noted that residents with dementia could not independently access the outdoor space. Although there was evidence of good signage, this could be further enhanced and additional visual cues and use of colour could be therapeutically used to support the orientation of the residents with dementia.

The inspectors met with a number of residents and their families on the day of inspection and found that overall they reported high levels of satisfaction with the care and services that they received in the designated centre. However, some also mentioned that staffing levels and the high turnover of staff impacted on the quality of life of the residents with dementia.

The findings are laid out in the main report below.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Inspectors focused on the experience of residents with dementia living in the centre and tracked their journey prior to and since admission to the designated centre.

The review looked at specific aspects of care such as nutrition, wound care, mobility, access to healthcare and supports, medicine management, end-of life care, transfers and discharges, care-planning arrangements and the maintenance of records. Overall, inspectors were assured that residents with dementia received a good standard of evidence-based nursing, however some improvements were required in relation to nutrition, the food serving arrangements for residents with dementia and medicine practices.

There were systems in place to ensure residents' nutritional needs were met and monitored, with regular auditing of residents' weights completed as part of the monthly review of key performance indicators. However, although the nursing interventions were based on assessments, inspectors found that the processes in place were not in line with local policy. For example, residents that were losing weight did not have their weight checked on a weekly basis as informed by the nutritional assessment. Nevertheless, the inspectors were assured that tailored interventions as recommended by the dietitian were implemented and recorded in the care plan. Residents also reported high levels of satisfaction with their food choices.

Inspectors saw that a choice of wholesome nutritious meals was offered and available to residents on a daily basis. There was an effective system of communication between nursing and catering staff to support the residents with special dietary requirements. Inspectors observed that residents who required modified consistency diets and thickened fluids received the correct diet and the modified meals were attractively served. Residents with dementia had access to snacks throughout the day and outside the regular mealtimes.

Following an audit of the mealtime experience, the person in charge had introduced a new system of serving the food, which had a positive effect on residents' appetite. Food was available for residents to see before it was plated and served from open trolleys,

which enabled residents to exercise choice. While this was a positive sensory dining experience as the food smells filled the room and encouraged the appetite, the inspectors found that the dining experience could be further enhanced to support the residents with dementia.

From a functional approach of promoting independence and in line with the local dementia policy the dining experience for the residents in the dementia-friendly unit was simplified. In contrast to the other units, there were no table cloths or condiments on the dining table, and the drink glasses and cutlery were being set at the time of serving the food. As mealtimes are important social occasions for residents, further improvements were required to ensure all residents living with dementia had a dignified meal time experience and were supported with the use of evidence-based adaptive equipment, contrasting coloured crockery, pictorial menus and appropriate supervision.

There were suitable arrangements in place to meet the health and nursing needs of residents with dementia. Records showed that each resident had a pre-admission assessment prior to admission to ensure the centre could meet their needs. Inspectors reviewed care-planning documentation and found that overall they were person-centred and included a detailed profile of each resident, their life story as well as their medical and social needs based on comprehensive assessment. Care plans were regularly reviewed at four months intervals or sooner if required. Residents with dementia had a cognitive assessment completed. Staff who spoke with inspectors were familiar with residents' needs and specific care requirements.

Validated assessment tools were used to ensure each resident's needs were being met to a high standard. When a resident sustained a fall, comprehensive post-fall reviews with multidisciplinary involvement were carried out in order to establish the contributory factors. Falls were trended and where patterns were identified, appropriate action plans were created to maintain residents' safety. This ensured that appropriate and the least restrictive control measures were put in place to prevent further falls for the individual residents. Suitable equipment was available to meet residents' needs such as low-low beds, crash mats, and assistive equipment.

Residents' wounds were appropriately managed and monitored, and charts were available to track wound progress. Multidisciplinary support was available to assist wound healing such as input from the tissue viability nurse, vascular clinic and dietitian.

Residents and their families, where appropriate, were involved in the care planning process, including end-of-life care plans, which reflected the wishes of residents living with dementia. Information leaflets on advanced directives were available to support the families and residents understand the process. The inspectors reviewed a number of 'end-of-life' care plans that outlined the physical, psychological and spiritual needs of the residents. Most of these included the resident's preferences regarding their preferred setting for delivery of care. Where residents refused to discuss their end-of life wishes, this was documented. All religious and cultural practices were facilitated. Records showed that there were systems in place to prevent unnecessary hospital admissions, including discussion and documentation around the resuscitation status or advanced decision-making. There were two residents receiving end-of-life care at the time of inspection. Access to community palliative services was available when advanced

expertise was required to ensure residents were comfortable at the end of life.

Inspectors found that residents with dementia had access to appropriate healthcare services to meet their needs. These included access to speech and language therapist, occupational therapist, dietitian, chiropody, optician and a clinical nurse specialist in gerontology. A physiotherapist was employed full-time in the centre and available to residents as required. This enabled residents with dementia to maintain optimum health and promote their independence. Those residents eligible to take part in the national screening programmes were supported and facilitated to access them if they wished to participate. Records shown that residents were referred to specialist expertise when required and that the nursing and care staff implemented the prescribed interventions. Residents had access to a general practitioner (GP) who visited the centre three times a week. Residents could retain their own GP if they wished. Out of hours medical cover was also available. In addition, a consultant geriatrician visited the centre on a weekly basis.

Appropriate information about the resident was communicated where a resident was transferred to another care facility. This included a copy of their medication, the doctor's letter and a comprehensive nursing assessment that mentioned the specific communication and other needs in relation to their dementia.

On the first day of inspection, inspectors found a number of inconsistencies in relation to medicine prescribing and administration, particularly for the residents who required medicine administered in a crushed or covert format. They found that the medicine to be crushed was not individually identified on prescription in line with best practice; rather it was the default position when prescribing the medicine for the residents who required it in an altered format. Consequently, the system of prescribing crushed and covert medication required review to be in line with best-evidence practice. A full medicine system review was promptly completed by management on the day and by the second day of inspection a number of prescriptions had been identified that required correction. Assurances were received by the next day that all prescriptions had been reviewed and changed by the medical prescriber and were aligned with local policy.

Inspectors were satisfied that there were operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. There was pharmacy and medical oversight of medicines including regular medication reviews for those residents living with dementia on a four-monthly basis. The inspector observed good practices in how the medicine was administered to the residents. Medicine was only signed for after the administration, which is in line with best practice. However, the inspectors also found a number of gaps in relation to the documented time on the prescription for the administration of weekly medicines, such as patches.

Residents and relatives who spoke with the inspectors reported high levels of satisfaction with the care and support provided in the centre and said that they were kept informed about any changes in residents' health or wellbeing. Inspectors saw evidence that residents were provided with required equipment to support their needs.

Judgment:
Substantially Compliant

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

There were measures and procedures in place to ensure the prevention, detection and response to abuse of residents. Staff had attended safeguarding training and training was being carried out on the week of the inspection for incoming staff to attend. Staff on duty were familiar with the signs of abuse and aware of their responsibility to report any suspicions of abuse.

Some residents exhibited behavioural or psychological symptoms of dementia (BPSD), which is also called responsive behaviours. These residents were supported by a person-centred approach to managing these behaviours. Behavioural assessment forms were completed and informed a holistic approach to managing residents' responsive behaviours.

Behavioural support care plans were detailed and informed staff of the triggers and de-escalation techniques to use in order to safely care for the resident. This was an action from the previous inspection and had therefore been addressed. The management of responsive behaviours was audited by management at regular intervals with action plans identified and implemented. All but 16 staff were up to date with training in managing responsive behaviours, but inspectors saw confirmation that they were already scheduled to complete this training in the days following the inspection.

A restraint-free environment was promoted within the centre and the restrictive practices were low, with approximately 20% of residents using a form of restraint. All forms of restraint were risk assessed and documented in the restraint register. Alternative non-restrictive equipment such as low-low beds, crash mats and mobility sensors were used to support vulnerable residents.

The nursing home acted as a pension agent for a small number of residents in the centre. This system was reviewed by inspectors and was found to comply with guidelines published by the Department of Social Protection. A separate resident's account had been created for this purpose, which was distinct from the centre's own account. A lockable unit was available to each resident in their bedroom for securing their personal possessions. A small number of residents also placed small amounts of money for their day-to-day expenses with the centre for safekeeping. This money was held securely and all transactions were transparent and signed by the resident where possible. A sample of records relating to this process was reviewed by the inspectors and found to be correct. The inspectors were satisfied that residents could access their

funds whenever they wished, including weekends.

Staff spoken with had a good knowledge of recognising and reporting alleged abuse, what to do in the event of fire and the inspectors observed good practice in manual handling.

Judgment:

Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The centre was homely in its design and layout and the overall ethos of the service upheld the individual rights, dignity and respect for each resident. Efforts were made to involve all residents, including those with dementia, in the organisation of the centre. While there was a varied activity programme in place, this required enhancement to ensure that all residents were supported to participate in activities in line with their interests and capabilities. The supervision and engagement of residents who did not attend the structured activity programme required improvement, as inspectors observed instances where residents had been left unsupervised in communal areas.

An assessment of each resident upon admission included an evaluation of the resident's social and emotional wellbeing. A personalised 'Key to Me' document was also completed in consultation with the resident or their representative. These were then used to develop activity care plans for each resident, which were revised every four months or more frequently if required.

Four staff, two full-time and two part-time, were responsible for the provision of activities six days per week, including one activities supervisor. There were activity rooms on each floor where residents were accommodated, and these were found to contain a variety of items and equipment for activity purposes. The activities supervisor stated that each day, a staff member from each unit was also assigned to support activities staff when carrying out activities.

Large schedules outlining daily activities in written and pictorial form were displayed throughout the centre. On the days of the inspection dog therapy, aromatherapy, room visits, morning clubs and live music were scheduled to take place. Inspectors observed a number of scheduled activities throughout the day. These were found to be lively and social occasions that were enjoyed by residents, and residents with dementia or cognitive impairments were supported to engage in a person-centred manner. These activities were spread across various floors so residents could also interact with people

from other units. However, inspectors noted that residents who did not attend these activities were not supported to engage in other activities more suitable to their interests and capabilities. For example, in two units, inspectors observed that residents not attending group activities remained in communal rooms with intermittent supervision by staff. When staff were present in this room, they did not use this time to meaningfully engage with the residents or carry out any activities, despite having access to activities equipment.

Consequently, while there were some positive examples of person-centred practices and meaningful moments of positive connection with the residents, inspectors also observed flat periods of time. For example staff were observed leaving residents in chairs for long periods of time with no interaction in a communal setting. Using a validated assessment tool to rate the quality of interactions between staff and residents across the two days and in the various units, inspectors concluded that the overall quality of interactions was neutral to task-oriented communication.

The centre shared access to a bus owned by the registered provider, and records indicated that this was used quite frequently for outings. On the first day of the inspection for example, a number of residents were visiting Malahide Castle. Other recent outings included a local park, Howth Harbour and a local hotel.

A hairdresser attended the centre each week, and often attended twice a week based on residents' needs.

Regular residents' meetings were held across the various units, with the most recent of these being with the residents of Willow and Rowan units in July 2019. Records of the meeting indicated that items like food, outings, staffing, the environment and activities were discussed. There was evidence that the management team worked to address any actions identified.

Communication care plans were in place for residents and were sufficiently detailed to guide care provision. In the dementia-friendly unit, inspectors saw a pictorial communication board utilised to support residents with dementia to communicate in a meaningful manner.

While opening visiting was in place, a protected mealtimes initiative had been introduced to support residents.

Newspapers were delivered to the centre on a daily basis, and included national and local editions. Each bedroom contained a television, and two were installed in twin bedrooms to ensure residents' interests were met. Wireless internet was available throughout the centre, and residents had access to a phone to take or make calls in private.

Residents were facilitated to exercise their civil, political and religious rights. Residents were supported to practice their respective faiths. When residents died, the centre could facilitate funeral and religious services on site as well as removals.

The person in charge described arrangements in place to facilitate voting in future

elections.

Arrangements were in place to support residents to avail of advocacy services, if required.

Judgment:

Substantially Compliant

Outcome 04: Complaints procedures

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Complaints were managed well in the centre. Residents living with dementia and their families were made aware of the complaints policy on admission. Residents and relatives told the inspectors that they spoke to staff and the person in charge if they were not happy about anything and that issues were resolved promptly.

There was a clear and accessible complaints policy in place, which included details of how to make an appeal if residents and families were not happy with how their issue was managed in the centre. The procedure for making a complaint was displayed at various points around the designated centre. It met the legislative requirements. For quality improvement purposes, the inspectors recommended a simplified easy-to-read format of the complaints procedure in order to enhance accessibility for the residents living with dementia.

Inspectors looked at a sample of the complaints records and were satisfied that they were managed in line with policy. Verbal complaints were recorded. Most complaints were managed at local level. Complaints that could not be resolved locally were escalated to the person in charge as the complaints officer. A complaints log of all the complaints was accurately maintained. It included details of any investigation carried out, meetings and actions taken to resolve the issue. The outcome of the complaint, including whether the complainant was satisfied with the outcome was documented.

Complaints were fully investigated. Where improvements were required as a result of a complaint, records shown that they were communicated to staff and implemented. At the time of inspection, there were two open complaints in the centre. There was a nominated person with assigned responsibility for reviewing complaints to ensure they were appropriately managed in line with the policy.

An independent advocacy service was available to support residents with dementia and their families to raise issues of concern if necessary.

All records were held in electronic format and they were clear, concise and easily retrievable.

Judgment:
Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

A review of the rosters, observation of practices, discussions with staff on duty and unsolicited information received by the Chief Inspector of Social Services highlighted challenges in relation to staffing. Inspectors were assured that the management had already identified the issue and saw evidence that a staffing recruitment, development and retention strategy was already in place.

However, the residents and relatives who spoke with inspectors during the two days, although commending the good care staff provided on a daily basis, also remarked that staff were always busy and that there were new faces every day. This impacted on the continuity of care to the residents. The high turnover of staff had a particular negative impact for the residents living with dementia. Consequently, inspectors recommended that staffing levels needed to improve to ensure that each resident with dementia was fully supported to live a good quality of life in the centre.

At the time of inspection, there were 14 vacancies for healthcare assistant roles in the centre. More than half of those positions had been filled and management were awaiting on An Garda Síochána (police) vetting clearance before the new staff could commence their role. The inspectors were satisfied that the registered provider was proactive in ensuring the vacant positions were being recruited for with more interviews scheduled on the next day following inspection. In an effort to address the continuity of care for the benefit of the residents with dementia, the person in charge told the inspectors that some of these positions were to build a relief panel.

Contingency systems were in place to ensure residents living in the centre were not adversely affected, with paid overtime offered to staff and the occasional use of agency staffing. In addition, management had devised a staff retention strategy and demonstrated creativity in implementing a number of measures to ensure staff continuity and development. Appraisals were taking place on a regular basis and a new induction and buddy system had been created to support the newly recruited staff.

There was an actual and planned staff rota, which reflected the staffing levels on the day of inspection. However, inspectors observed mixed care practices and various levels of resident supervision between the different units in the centre. On a few occasions, inspectors observed residents left without adequate supervision in communal areas. Further restructuring and reallocation of staffing levels and skill-mix based on residents assessed level of need and dependency could further support the use of resources to ensure the needs of the residents were consistently met.

Staff had the mandatory training on fire, manual handling and safeguarding residents in place. They had completed training in other relevant courses such as end-of- life care, dementia and the management of responsive behaviours and inspectors saw a rolling training programme with further dates planned for refresher courses and for the newly recruited staff.

Inspectors found that staff were knowledgeable of residents' needs and had the required training to provide evidence-based care. While instances of good person-centred interactions between staff and residents were observed, inspectors also saw evidence of task-centred practices.

There were no volunteers in the centre. Recruitment procedures in the centre were safe and were found to be in line with the recruitment policy. A number of staff files reviewed showed that they contained all the documents as outlined in the Schedule 2 of the Regulations, including Garda vetting for all staff.

There was at least one registered nurse on duty at all times. Records showed that nursing staff had an up-to-date registration with the Nursing and Midwifery Board of Ireland (NMBI).

Judgment:
Substantially Compliant

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
For the most part, the location, design and layout of the centre met the individual and collective needs of the residents. However, a number of improvements were required.

This is a purpose-built centre spread across six floors, with resident accommodation on all but the fifth floor. Four of the five units contain 29 single bedrooms and four twin bedrooms, while the dementia friendly unit, located on the ground floor, contains 13

single bedrooms and two twin bedrooms. All bedrooms were en-suite. The fifth floor provides communal space for residents and is predominantly used for group activities.

The corridor on the dementia-friendly unit on the ground floor was linear. Its layout did not allow for the circular movement of residents with dementia who like to actively walk around. The dementia-friendly unit was secure, as a key code was required to enter and exit the unit. Inspectors found that access to the remaining units was somewhat restricted in that a key code was also required to access the lift that serviced each floors. While some residents were provided with the required codes, inspectors found that residents with dementia or a cognitive impairment could not move throughout the building without someone accompanying them. This is of particular importance as the centre's garden could only be accessed from a lobby that was external to all units, and therefore the majority of residents were not able to visit the garden independently and were dependent on the availability of staff to facilitate access. This was discussed with the management team during the inspection.

The centre was clean, bright and well-maintained with suitable heating and ventilation. Corridors were sufficiently wide and handrails were in place on all corridors to support residents walking, however, inspectors found that access to handrails in some units was restricted by items being stored on corridors, such as hoists. This was due to there being insufficient storage space in some units, particularly in the dementia -friendly unit. Inspectors were informed that a storage room had been recently repurposed as a sensory room for residents, but this was not observed to be used by residents throughout the two days of the inspection. While some units contained seating at end of corridors for residents to rest, none were available at the end of the unit's corridor.

Bedroom accommodation was spacious and contained sufficient storage space for residents' belongings, including any assistive equipment they may require. Furniture included armchairs, bedside lockers and wardrobes, and each resident was provided with a lockable drawer for the secure storage of personal items. Curtains were available around beds in twin bedrooms to support residents' privacy and dignity. A number of colour schemes were used to decorate bedrooms in an individual manner, and residents had also brought personal effects from home to further personalise their rooms.

A variety of communal spaces were available across the floors including dining rooms, sitting rooms and activity rooms. These were decorated with bright colours and comfortable furniture for the most part, but inspectors did note that seating on the fifth floor activity area was too low for some residents. Some sitting rooms were decorated in a traditional style to promote reminiscence, and contained items such as vinyl record players and antiques. A hair salon, an oratory and a large, landscaped garden were located on the ground floor. The garden contained flowers, shrubbery, benches and shading. A large communal space had views of the surrounding area, and was regularly used for large group activities, such as mass or live music. A large balcony area was located on this floor but was currently not available for use. Inspectors were informed that plans were being developed for this area.

Colour had been used to good effect to support residents with dementia, but could be further enhanced and optimised. Individual colour schemes were used for each unit, and corridors were decorated with colourful paintings or objects to support residents in

navigating through the centre. However, the use of contrasting colours for items such as crockery, grab rails and toilet seats would further support residents to more easily identify these objects. In the dementia specific unit, doors to restricted areas, such as the sluice room were camouflaged with a mural that covered the door and surrounding wall.

There was good signage in each building to direct residents. Some residents' doors were personalised with their names, in accordance with their preferences. Tactile items were placed in various areas to enhance the environment, primarily in the dementia specific unit but also in other units. Examples of these include a panel of artificial grass and flowers mounted onto a wall and another with light switches, door bolts and locks.

Inspectors saw that posters displaying the date and weather was displayed in units to orientate residents.

A functioning call bell system was in place throughout the centre; however, inspectors noted that call bells were not available on the fifth floor. This was discussed with the management team and assurances were received following inspection that it was being addressed.

A designated smoking area was located in the garden and inspectors were satisfied that it was adequately equipped to maintain residents' safety.

Judgment:

Substantially Compliant

Outcome 08: Governance and Management

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Since the last inspection, there had been a number of changes in the local management and the governance arrangements in the centre. Based on the findings of this inspection, the inspectors were satisfied that the new team had good oversight of the centre and worked cohesively to ensure residents with dementia living in the centre experienced a good quality of life. Residents and relatives who spoke with the inspectors were aware of the changes in management.

The registered provider had already identified some of the issues found on this inspection, such as staffing, and contingency measures put in place to address them. Similarly, inspectors were satisfied that issues identified during this inspection were proactively addressed and promptly responded to. Further assurances were received

following the inspection. Throughout the two days and at the feedback meeting the provider demonstrated a positive attitude to the regulator and the findings of this inspection and commitment to enhance the service for the benefit of the residents living with dementia.

Staff, residents and relatives said the person in charge was approachable and available whenever they needed to talk to them. They considered the person in charge to be dedicated to the provision of good quality care, showed good leadership to the team and had initiated a number of positive changes since their start in the new role. The person in charge worked in the centre full-time and had the required experience and qualifications for the role.

There were effective governance and management arrangements in the centre to ensure that the residents with dementia received good standards of quality care.

There was a clear management structure in place and staff were aware of the reporting mechanisms and the line management systems. At operational level, the management team comprised of the person in charge who was supported by two assistant directors of nursing and five clinical nurse managers who worked in alternate shifts to ensure there was managerial cover on duty at all times in the centre. The person in charge engaged in daily quality walks in the mornings. There was evidence of monthly staff meetings in each of the units and with different departments.

From a governance perspective, the person in charge was also supported by the registered provider representative, the regional manager for quality and compliance and a general manager, who all attended the feedback meeting. The registered provider representative visited the centre on a regular basis and communicated with the person in charge on a daily basis. A recently appointed health and safety manager was overlooking the risk in the centre and minutes from the health and safety committee showed good oversight of risk management such as medication errors, restrictive practices and infection control.

Minutes of formal governance and management meetings were reviewed by the inspectors, which showed effective governance systems in place and good oversight of service delivery. The agenda items included complaints, safeguarding, errors, key performance indicators, incidents and learning.

There were clear systems in place to monitor the quality and safety of the care and services provided for residents with dementia. These included regular audits in areas such as pressure sores, infections, nutrition, falls and the use of psychotropic medicines. A dementia care audit had also been completed and acted on. There was an audit schedule in place for 2019 and this was being adhered to by the management team. The audits conducted to date identified areas of good practice and where improvements needed to be made, an action plan was evident. The results of the audits and the key performance indicators were discussed at the quality and safety committee which met every two months. An annual review for 2018 had been completed. It included residents input and views and an improvement plan for 2019.

The person in charge informed the inspectors of a number of projects planned in

relation to the dementia-friendly unit, that aimed to further develop the unit by addressing the environment, activities, the dining experience and the social interaction for these residents.

There were local policies and procedures available to staff that provided clear guidance on how to provide care to the residents. They were found to be evidence-based and had all been reviewed in the past three years as per regulatory requirements. The inspectors were satisfied that the centre operated in accordance with the statement of purpose, which had been updated to reflect the new management structures.

Safe recruitment practices were in place to protect residents and all staff had completed the mandatory training.

Inspectors followed up on solicited and unsolicited information received by the Office of the Chief Inspector. All incidents had been reported as per regulatory requirements. They were submitted in a timely manner.

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Manuela Cristea
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	CareChoice Malahide
Centre ID:	OSV-0005205
Date of inspection:	20/08/2019
Date of response:	24/09/2019

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

Residents identified at nutritional risk were not weighed on a weekly basis, in accordance with local policy, individual MUST assessment and best-evidence practice.

1. Action Required:

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Please state the actions you have taken or are planning to take:

- Person in charge has met and directed nursing staff to complete weekly weights on all residents with a MUST score >2, as per local policy.
- The Senior Clinical Team completes a review (monthly) of all residents with a MUST score > two and a nutrition audit is completed as per audit schedule.
- All appropriate referrals are completed to address nutritional needs of the residents i.e. dietician referral, prescribing of nutritional supplements and fortifying of meals etc.
- Weekly Dietary Requirements are sent to the kitchen (Catering Team) to inform them of any changes to resident's dietary needs and adjustments are made as per the need of the resident.

Proposed Timescale: 30/09/2019**Theme:**

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

In the dementia-friendly unit, the serving of food required review to ensure the residents had a dignified mealtime experience and had access to appropriate adaptive equipment to meet their individual needs.

2. Action Required:

Under Regulation 18(1)(c)(i) you are required to: Provide each resident with adequate quantities of food and drink which are properly and safely prepared, cooked and served.

Please state the actions you have taken or are planning to take:

- Director of Nursing has requested the Occupational Therapist to complete a review of Dining experience and seek recommendations for residents living with dementia and complex needs.
- An internal QUIS assessment will be completed monthly by Nursing Team to review the dining experience.
- Education sessions on Nutrition and the Elderly, to include resident assistance and modified diets will be provided to staff, in order to promote a dignified mealtime experience.
- The DON and General Services Manager are completing a review of the dining room environment, to enhance resident experience.

Proposed Timescale: 31/10/2019**Theme:**

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Medicines to be administered in alternative format such as crushed or covertly were not individually identified on the prescription and signed off by the prescriber.

The right time of administration for the weekly medicines was not clearly identified on the prescription.

3. Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

Please state the actions you have taken or are planning to take:

- All Kardex's were audited on the day of inspection and appropriate changes were made to the same i.e. time of administration for the weekly medicines and individual sign-off of crushed medications.
- Weekly medication audits completed by CNM team, to ensure compliance is maintained in the nursing home.

Proposed Timescale: 30/09/2019

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

While scheduled activities were well organised and met the needs of the residents' that attended them, those who chose not to attend or were unable to attend these activities were not given alternative opportunities for meaningful engagement or activation.

4. Action Required:

Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

Please state the actions you have taken or are planning to take:

- The Activity team have developed an activity schedule for Birch and the activity team to be present throughout the day on Birch to enhance meaningful activities.
- Where the Activity team are unavailable a member of the Health Care team shall facilitate activities, a cupboard will be stacked with relevant equipment on the unit to facilitate activities for the residents.
- As part of the enhancement development plan for Birch, the Tovertafel Table will be introduced to the Unit to enhance residents' lives, living with Dementia.

Proposed Timescale: 31/10/2019

Outcome 05: Suitable Staffing

Theme:

Workforce

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

The staffing levels required review to ensure that residents were always supervised in the communal areas and were provided with opportunities for meaningful engagement and social stimulation.

Staffing levels required to be restructured and tailored based on residents' identified needs and dependency levels in order to ensure each resident living with dementia was supported to have a good quality of life in the designated centre.

5. Action Required:

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:

- Introduction of Activity Boxes (cupboards) with activities equipment will be used by all staff, on all floors to promote meaningful engagement and social stimulation for all residents.
- Increased supervision in all communal areas and staff to engage with residents while supervising communal areas. Allocation of supervision to be implemented on all floors.
- Staff will receive education and training regarding communication and building relationships with resident.
- Staffing review to be completed. Senior Management Team to address dependency levels per floor and make changes to floors where appropriate.

Proposed Timescale: 31/10/2019

Outcome 06: Safe and Suitable Premises**Theme:**

Effective care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

Due to the use of key codes on the lift and also at the exit of the dementia friendly unit, residents' access to the centre's garden was restricted. Residents with dementia could not access this garden independently as they were reliant on staff to accompany them.

Grab rails were not installed in some communal toilets throughout the centre.

There was insufficient storage in some units, particularly the dementia friendly unit.

While colour was used to enhance the environment for residents with dementia, further work was required in relation to contrasting colours. For example, in relation to

crockery, grab rails and toilet seats.

Call bells were not available on the fifth floor.

6. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:

- Key pad codes displayed throughout the home as per Butterfly Signage (located at every keycode), all residents and families are aware of same.
- If residents are exit seeking or looking to exit, staff are educated to assist residents to the garden for a walk and to facilitate all residents in accessing the garden.
- Grabrails have been installed in areas identified by inspectors on day of inspection
- Storage space addressed in Birch Unit (room developed into a storage room and corridors free from equipment).
- A plan is been made to develop a mobile sensory trolley to enhance 1:1 activity with residents in the home and a schedule will be developed for all floors.
- Birch Unit to be enhanced (plan being developed by CMT and General Manager) i.e. painting, graphics, new furniture and Dementia Signage.
- Call Bells installed on fifth floor and emergency alarm installed on floor.
- Appropriate furniture that can be used by the resident is ordered for fifth floor balcony.

Proposed Timescale: 31/10/2019